MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 875)

SERIAL NO. PILINO DATE

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APPLICANT(S)

(FOR USE WITH FORM PTO-878) CLAIMS AFTER AFTER AS FILED 1"AMENDMENT 1" ARIEHDMEKT IND, DEP. IND. DEP. IND. DEP. 8 10 17 18 19 20 21 22 23 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 TOTAL IND. 4 TOTAL DEP CLAMA

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U.S. DEPARTMENT of COMMERCS						

PTO- LIFE (REY, 11M4)

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